

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4						
5						
6		1				
7		2				
8		2				
9	1					
10						
11		1				
12						
13		1				
14		2				
15		2				
16		2				
17		2				
18		1				
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47						
48						
49						
50						
Total Indep	2					
Total Depend	20					
Total Claims	22					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						